IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Mukund

Art Unit: 3629

Serial No.: 09/682,713

Examiner: Jonathon P. Ouellette

Filed: October 9, 2001

:

For:

WEB BASED METHODS AND SYSTEMS FOR MANAGING

COMPLIANCE ASSURANCE :

INFORMATION

Mail Stop: RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted herewith is:
 Transmittal (3 pages)
 Amendment in response to Office Action dated September 10, 2007 (33 pages)

STATUS

2.	Applicant	
		claims small entity status.
	\boxtimes	is other than a small entity.

EXTENSION OF TERM

3.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.									
	(complete (a) or (b), as applicable) (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)									
Exte	ension for r	esponse within:	C	Other than small entity Fee	Small entity Fee (if applicable)					
		☐ first mo	nth \$	120.00	\$ 60.00					
		second 1	month \$	460.00	\$ 230.00					
		third mo	onth \$	1,050.00	\$ 525.00					
	·	fourth n	nonth \$	1,640.00	\$ 820.00					
		fifth mo	nth \$	2,230.00	\$1,115.00					
				Fee Due	\$ 120.00					
If an additional extension of time is required, please consider this a petition therefor. (Check and complete the next item, if applicable)										
An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.										
Extension fee due with this request \$ 120.00										
	(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.									

FEE FOR CLAIMS

		The fee for claims (37 (Col. I)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR_	ADDITIONAL RATE FEE
TOTAL INDEP.			MINUS		=	x \$25.00 = \$		x \$50.00 = \$
	-		MINUS		=	x \$105.00 = \$		x \$210.00 = \$
	FIRST	PRESEN	TATION OF	MULTIPLE DEP. (CLAIM	+ \$185.00 = \$		+ \$370.00 = \$
						TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$
	(a)	\boxtimes	No add	itional fee fo	r Claims is	required		
					OR			
	(b)		Total a	dditional fee	for claims	required \$		
				FEH	E PAYME	NT		
5.		Attach	ned is a c	heck in the s	um of \$			
				t Account No		the sum of \$120.00 ned.	<u>).</u>	
				FEE :	DEFICIE	NCY		
6.		If any 01-23		al extension	and/or fee	is required, charge	Depos	sit Account No.
					AND/OR			
		If any 2384.	addition	al fee for clai	ims is requ	ired, charge Deposi	it Acc	ount No. 01-
7.		Other	:					
						Saill F	tant	0
					Reg AR	niel M. Fitzgerald g. No. 38,880 MSTRONG TEAS e Metropolitan Squ		
					St.	Louis, MO 63102 1/621-5070		